



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 4740

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/394,712	<b>FILING OR 371(c) DATE</b> 09/13/1999 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 0609.4440002	
<b>APPLICANTS</b> ROBERT W. ESMOND, VIENNA, VA; JACK R. WANDS, WABAN, MA; SUZANNE DE LA MONTE, EAST GREENWICH, RI;					
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/US98/04731 03/12/1998 and claims benefit of 60/039,607 03/12/1997					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/04/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 22852					
<b>TITLE</b> METHOD FOR TREATING OR PREVENTING ALZHEIMER'S DISEASE					
<b>FILING FEE RECEIVED</b> 554	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		